

EMPLOYEE-LEASING COMPANY ANNUAL REPORT AND CERTIFICATION

This report must be completed and signed by the employee-leasing company and an independent counsel. Send the completed and signed report to Unemployment Insurance (UI) Operations at the above address.

Employer Account Number			
Owner, Partners, or Corporate Name		Trade Name (Doing Business As)	
In Care of Name		Street Address	
City	State	ZIP Code	Business Telephone Number

Complete the form after determining whether all of the following three conditions apply to your business or a portion of your business.

- A. You provide services to a work-site employer under a written contract that gives you certain rights and responsibilities for specified employees of that work-site employer; and
- B. With regard to such rights and responsibilities, you are given the right to direct and control specified employees, with the intent to assign such employees on a long-term basis to a work-site employer and not reassign the employees to a series of limited-term assignments.

Such rights include, but are not limited to:

- Setting the employees rate of pay.
- Paying the employees from your own account or from the work-site employer's account.
- Discharging, reassigning, or hiring employees for the work-site employer and yourself.
- Providing programs such as professional guidance, which include employment training, safety, and compliance matters.

Such responsibilities include, but are not limited to:

- Paying wages to the employees, and reporting, withholding, and paying any applicable taxes with respect to the employee's wages.
- Maintaining employee's records.

Such rights and responsibilities that may be shared with the work-site employer include, but are not limited to:

- Directing and controlling the employees.
- Addressing employee complaints, claims, or requests, except as provided by a collective-bargaining agreement.
- Providing workers' compensation insurance coverage and UI coverage.

- C. The specified employees must know of and consent to the staffing contract.

1. Check the box that describes your business activity and follow the respective instructions.

<input type="checkbox"/>	I meet the above three conditions and report and pay Colorado UI taxes on the work-site employees under my employer account number. You must sign below and return this completed form (independent counsel signature is required). You are required to provide work-site employer and employee information (refer to the enclosed Form UITL-72, Report of Work-Site Employers and Employees, for further instruction).
<input type="checkbox"/>	I meet the above three conditions and report and pay the Colorado UI taxes on the work-site employees under each work-site employer's account number. You must sign below and return this completed form (independent counsel signature is required). You are responsible for submitting tax and wages reports under your own account beginning with the wages paid to work-site employees on and after January 1, 2009. You are required to provide work-site employer and employee information (refer to the enclosed Form UITL-72, Report of Work-Site Employers and Employees, for further instruction).
<input type="checkbox"/>	I do not meet the above three conditions at the present time. (Please check the appropriate box.) I am currently: <input type="checkbox"/> a management company; <input type="checkbox"/> a temporary-help contracting firm; <input type="checkbox"/> other _____. You must sign below and return this form to the above address (independent counsel signature is not required).

The above employer is authorized to sponsor health-coverage plans and may provide the insurance carrier with the certification stating that all of the specified law requirements to be considered an employer or coemployer under the provisions of CESA 8-70-114 (2) have been met.

I certify that the above employer is in compliance with the rights and responsibilities set forth in CESA 8-70-114 (2)(e).		
Independent Counsel Name (Printed)	Independent Counsel Signature	Date
Coemployer Name (Printed)	Coemployer Signature	Date
Work-Site Employer Name (Printed)	Employer Signature	Date